

Non-CMU Employees Application for Faculty/Staff Benefit 2018-2019 Academic Year

Please complete the first two sections and return to the Office of Financial Assistance.

Section 1: Student Information

Student Name: _____ Student ID# _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

What will your grade level be when you begin the 2018-2019 academic year?

- undergraduate
- graduate/professional - Please note graduate spouse benefits are taxable. **See HR for more information**
- High School Dual Credit Courses

Which term(s) will you enroll?

- | | |
|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Fall 2018 | <input type="checkbox"/> EXFA 2018 |
| <input type="checkbox"/> January 2019 | <input type="checkbox"/> EXSP 2019 |
| <input type="checkbox"/> Spring 2019 | <input type="checkbox"/> EXSU 2019 |
| <input type="checkbox"/> May 2019 | |
| <input type="checkbox"/> Summer 2019 | |

Which campus will you attend?

- Fayette Campus Other Location or Online Graduate

Section 2: Employee Information

Name: _____ ID #: _____ Relationship to Student: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Department: _____

By signing this document I agree to pay all miscellaneous fees within 30 days from the beginning of the term. Failure to pay these fees will result in forfeiture of benefits for subsequent terms.

****All first-time undergraduate applicants must complete a Free Application for Federal Student Aid (FAFSA.)** If it is determined that the student qualifies for federal or state grants, they must complete a FAFSA in subsequent years. If it is determined that the student does not qualify for federal or state grants their first year, they are not required to complete a FAFSA the following year unless their financial circumstances change making them eligible for grants. Failure to complete the FAFSA and the Application for Faculty/Staff Benefit forfeits the right to receive the benefit.**

Student's Signature: _____ Date: _____

Employee's Signature: _____ Date: _____

Section 3: Payroll/Human Resources Information

For Payroll/Human Resources Office Only – Do Not Write In This Box	
Institution and Department _____	Date of Employment: _____
Benefit Eligible: Yes _____ No _____	Date Eligible for Faculty/Staff Benefit: _____
Payroll Director Signature: _____	Date: _____